



**InsureKidsNow.gov**  
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## Summary of Benefits for Louisiana, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x 6 months	
Fluoride treatments (including fluoride varnishes)	X			1 x 6 months	Fluoride Treatment - under age of 12, Fluoride Varnish - under age of 6
Sealants (list any tooth-specific limits)	X			1 x every 2 years	limited to six- and twelve-year molars only
Space maintainers		X			



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### Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X			1 x 6 months		Eruption of 1st tooth
X-Rays						
Bitewing	X			1 x year		
Full Mouth		X			Two bitewings & six periapical for <6, Two bitewings & ten periapical for 7-13, and Two bitewings & 14 periapical for >14.	
Panoramic		X				



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### Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				Four surface filling not covered fro primary teeth. Restorations are only reimbursable for Tooth Number D, E, F, G, N, O, P, and Q for recipients who have reached their fifth birthday	
Tooth colored composite		X			Four surface fillings are covered on the anterior primary teeth they are just not covered on the posterior primary teeth. Only four surface anterior restorations need PA.	
Crowns/tooth caps						
Stainless steel crowns		X			Not payable on primary central or lateral incisors after 5th birthday.	
Metal (only) crowns			X			
Metal/porcelain crowns			X			
Porcelain (only) crowns			X			



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				Reimbursable for tooth letters A through T. Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age.	
Root canals on permanent teeth		X			Excluding tooth numbers 1,16, 17, and 32	
Gum (periodontal) therapy						
		X				
Dentures						
Partial dentures		X				
Complete dentures		X				
Bridges		X			Must have attained the age of 16, Service is limited to replacing a single missing anterior incisor.	
Orthodontics*						
Retainers (orthodontic)		X				



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Braces		X			Max of \$438 for interceptive ortho treatment and a max of between \$4182-4515 for comprehensive transitional, adolescent, and adult dentition	only in those instances that are related to an identifiable syndrome such as cleft lip and/or palate, Crozon's syndrome, Treacher-Collins syndrome, Pierre-Robin syndrome, hemi-facial atrophy, hemi-facial hypertrophy; or other severe craniofacial deformities that result in a physically handicapping malocclusion.



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	Yes	Only with prior authorization	No			
Oral surgery						
Simple extractions	X					
Surgical extractions		X				
Care of abscesses	X					
Cleft palate treatment			X		Treated under the Medical side of Medicaid using CPT codes	
Cancer treatment			X		Treated under the Medical side of Medicaid using CPT codes	
Treatment of fractures			X		Treated under the Medical side of Medicaid using CPT codes	
Biopsies		X				
Treatment of jaw joint problems (TMJ)						
		X			Has to be beyond mixed dentition stage of tooth eruption.	
Emergency room services provided by a dentist						
			X		Treated under the Medical side of Medicaid using CPT codes	



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Inpatient Hospital Services						
			X		Treated under the Medical side of Medicaid using CPT codes	
Anesthesia						
General anesthesia			X			
Intravenous conscious sedation		X			Maximum of one unit of D9241 and two units of D9242 are available per recipient per visit	Doctor has to hold a valid permit from the LA State Board of Dentistry for parenteral sedationonly in conjunction with difficult impactions or ther extensive surgical procedures done in the office setting



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Non-intravenous conscious sedation		X			only reimbursable for children with behavior problems under the age of 6 or for older children with physical or mental disabilities	Doctor has to hold a valid permit from the LA State Board of Dentistry for parenteral sedation only in conjunction with extensive dental restorative treatment or other extensive surgical procedures done in the office setting





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Analgesia (nitrous oxide)	X					only reimbursable for dates of service on which restorative and/or surgical services (codes D2140 - D4999 and D7140 - D7999) are performed and not reimbursable when billed in conjunction with D9248.

\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).